

Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

I am: Adult Teen Child

Address _____

Have you walked in a Walk For Life before? Yes No

City _____ ST _____ Zip _____

Shirt Size needed (circle one):

Youth: S M L Adult: S M L XL XXL

Phone _____

I am unable to walk, but will make a donation of \$ _____
(Please make check payable to Hope Resource Center).

Church/Group _____

Email _____



Hope Resource Center
717 Lincoln Ave, Suite G
Bedford, IN 47421

Questions?
812-275-2827
www.HopeFriendsAndFamily.org

Please print all information clearly. Make check payable to Hope Resource Center.

PAID **BILL ME**

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| First | Last | |
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